



# STF Maintenance Inspection Report

## Proprietary Unit

Development Name: \_\_\_\_\_ Date: \_\_\_\_\_

Facility #: \_\_\_\_\_ (Indicate facility number ID from approved Construction Plans or Maintenance Plan)

Inspector/Agent/Firm: \_\_\_\_\_

### Assessment

Inspection Criteria	Pass	Fail	N/A
Structural Integrity of Unit			
Sediment Accumulation			
Staining			
Inlet Structure Condition			
Outlet Structure Condition			
Trash Accumulation			
Other (attach manufacturer's recommendations for maintenance)			

### Comments

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